

Anatek Labs, Inc.

1282 Alturas Drive • Moscow, ID 83843 • (208) 883-2839 • Fax (208) 882-9246 • email moscow@anateklabs.com
504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

REPORT TO: (b) (6)

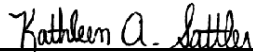
Water Quality Report

Sample Number	170626001-001	Sampling Date	6/24/2017	Date/Time Received	6/24/2017 12:00 PM	
Analyte	Result	Units	PQL	MDL	Analysis Date	Analyst
Perfluorobutanesulfonic acid - PFBS	ND	ug/L	0.09	0.025	7/6/2017	TGT
Perfluoroheptanoic acid - PFHpA	0.0327	ug/L	0.01	0.005	7/6/2017	TGT
Perfluorohexanesulfonic acid - PFHxS	0.263	ug/L	0.03	0.005	7/6/2017	TGT
Perfluorononanoic aid - PFNA	ND	ug/L	0.02	0.005	7/6/2017	TGT
Perfluorooctanesulfonic acid - PFOS	0.187	ug/L	0.04	0.01	7/6/2017	TGT
Perfluorooctanoic acid - PFOA	0.107	ug/L	0.02	0.005	7/6/2017	TGT

SAMPLING LOCATION: (b) (6)

OUTSIDE TAP

Authorized Signature


Kathleen A. Sattler, Lab Manager

ND Not Detected

PQL Practical Quantitation Limit

MDL Method Detection Limit

This report shall not be reproduced, except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.

Note GLa d`Yk Ug`Vt`YVYX`Vm? UA mGUiYfZ5 bUHY`@VgZ4W`

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Login Report

Customer Name: **Order ID:** 170626001
Order Date: 6/26/2017

Contact Name: **Project Name:** (b) (6) /EPA 537
Comment: (b) (6)

Sample #: 170626001-001 **Customer Sample #:** (b) (6) OUTSIDE TAP

Recv'd: ☒ **Matrix:** Drinking Water **Collector:** KATHY SATTLER **Date Collected:** 6/24/2017
Quantity: 1 **Date Received:** 6/24/2017 12:00:00 PM **Time Collected:** 11:08 AM
Comment:

Test	Lab	Method	Due Date	Priority
UCMR 537	M	EPA 537	6/24/2017	<u>Normal (~10 Days)</u>

Sample #: 170626001-002 **Customer Sample #:** FIELD BLANK

Recv'd: ☒ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/24/2017
Quantity: 1 **Date Received:** 6/24/2017 12:00:00 PM **Time Collected:** 11:09 AM
Comment:

Test	Lab	Method	Due Date	Priority
UCMR 537	M	EPA 537	6/24/2017	<u>Normal (~10 Days)</u>

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	10.6/10.7
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Labels and chain agree?	Yes
Total number of containers?	4

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Turn Around Time☐ Normal☐ Next Day*☐ 2-Day*

*Rush
Charges
Apply

☐ Email☐ Phone☐ Mail☐ Fax

Results Needed by:

FAX #

Please fill out completely and legibly

Date Collected 6/24/17	Time Collected 11:08 AM	County Spokane
Sample Purpose <input checked="" type="checkbox"/> Purchase/Sale/Bldg Permit <input checked="" type="checkbox"/> Informative <input type="checkbox"/> New Well		
Sample Type <input checked="" type="checkbox"/> Standard Drinking Water <input type="checkbox"/> Raw Source Water <input type="checkbox"/> Other (Specify) _____		
Owner or Manager Name (b) (6)		
Specific Location Where Sample Was Collected (i.e. address of well) (b) (6)		
Send Report to: Name (b) (6)		
Address (b) (6)		
City (b) (6)		
Day Tel # (b) (6)	Eve/Msg Tel #	
Sample Collected by: Kathy Sattler	Company: Anatek Labs, Inc.	
Source Type (Check One) <input checked="" type="checkbox"/> Well/WellSpring <input type="checkbox"/> Spring <input type="checkbox"/> Surface Water <input type="checkbox"/> Purchased or Intertie <input type="checkbox"/> Grd Water under Surface Influence <input type="checkbox"/> Combination or Other _____		

COLIFORM BACTERIA (Lab Use Only)

<input type="checkbox"/> SATISFACTORY (COLIFORM ABSENT)	
<input type="checkbox"/> Unsatisfactory (Coliform Present)	
REPEAT SAMPLES REQUIRED	
<input type="checkbox"/> Total Present	<input type="checkbox"/> Total Absent
<input type="checkbox"/> E.Coli Present	<input type="checkbox"/> E.Coli Absent
Other Lab Results	
Total Coliform /100ml	E.Coli /100ml
Fecal Coliform /100ml	Plate Count /100ml
<input type="checkbox"/> Another Sample Required	
Sample Not Tested Because:	
<input type="checkbox"/> Sample Too Old	<input type="checkbox"/> TNTC
<input type="checkbox"/> Wrong Container	<input type="checkbox"/> Turbid Culture
<input type="checkbox"/> Other	<input type="checkbox"/> Excess Debris
Report Date	Lab Analyst
Date Received 6-24-17	Time 1200
	By KAS

Inorganic Chemical Analysis Report

Tests	MCL	Results	Units	Compliance Y/N	Initials
Arsenic (As)	0.01		mg/L		
Barium (Ba)	2		mg/L		
Beryllium (Be)	0.004		mg/L		
Cadmium (Cd)	0.0005		mg/L		
Calcium (Ca)	-		mg/L		
Chloride (Cl)	250		mg/L		
Chromium (Cr)	0.1		mg/L		
Color	15		Color Units		
Conductivity	700		µmhos/cm 25°C		
Copper (Cu)	1.3		mg/L		
Corrosivity	-		-		
Cyanide (CN)	0.2		mg/L		
Fluoride (F)	4		mg/L		
Hardness	-		mg/L as CaCO ₃		
Iron (Fe)	0.3		mg/L		
Lead (Pb)	0.015		mg/L		
Magnesium (Mg)	-		mg/L		
Manganese (Mn)	0.05		mg/L		
Mercury (Hg)	0.002		mg/L		
Nickel (Ni)	0.1		mg/L		
Nitrate as N	10		mg/L		
Nitrite as N	0.5		mg/L		
pH	-		-		
Selenium (Se)	0.05		mg/L		
Silver (Ag)	0.05		mg/L		
Sodium (Na)	-		mg/L		
Sulfate (SO ₄)	250		mg/L		
TDS	500		mg/L		
TSS	-		mg/L		
Turbidity	1		NTU		
Uranium (U)	30		µg/L		
Zinc (Zn)	5		mg/L		

MCL-Max. Contaminant Level

TSS-Total Suspended Solids

TDS-Total Dissolved Solids

OTHER ANALYSES REQUESTED

Inorganic Contaminants (IOC's)	
Volatile Organics (VOC's)	
Semivolatile Organics (SOC's)	
Private Well Test	
Iron Bacteria	

Laboratory Comments

EPA 537 + Field Blank

Lab Supervisor

Report Date

70626 001 ZZZZ
1st SAMP 6/24/2017 1st RCVD 6/24/2017
EPA 537